EFFECTIVENESS OF NURSING CARE ON PATIENTS WITH MANIA

By

Mrs. K. SHEELA

A Dissertation submitted to

THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY,

CHENNAI.

IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING.

MARCH – 2010.

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CERTIFICATE

This is to certify that **EFFECTIVENESS OF NURSING CARE ON PATIENTS WITH MANIA** is a bonafide work done by **Mrs.K.SHEELA,** Adhiparasakthi College of Nursing, Melmaruvathur – 603 319, in partial fulfillment for the University rules and regulations towards the award of the degree of Master of Science in Nursing, **Branch - V**, **Psychiatric Nursing**, under our guidance and supervision during the academic year 2008 - 2010.

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APPROVED BY DISSERTATION COMMITTEE
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CHAPTER - I

INTRODUCTION

The World Health organization (WHO) states that “Health is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity”. One should strive to attain the highest possible level of health, a level that will permit one to lead a socially and economically productive life.

Mental health does not mean mere presence of mental illness. It is a sense of well being an individual feels. There should be some positive qualities in every human being that enables him to live happily in society. Mental health and physical health are interrelated and interdependent. As the saying goes “ A sound mind in a sound body”. Mental and physical health are two sides of a coin.

The phenomenon of Mania has been documented since ancient times. The Greeks referred to Mania as “ a state of having madness with elevated mood’’. The earliest description of Mania was described to Arataeous of Capodica around 150AD. In 1882,

Kahlbaum described mania and melancholia as stages in a single disease process. Emil Kraepelin (1899) introduced the term ‘’Manic depressive psychosis’’.Mania is an abnormally elated Mental state, typically by feelings of euphoria, lack of inhibitions, racing thoughts, diminished need for sleep, talkativeness and irritability. In extreme cases Mania can induce hallucinations and other psychotic symptoms.

Patients with Mania often dress flamboyantly and exaggeratedly they may present in bizarre clothing, make up, with hyperactive and excessively intrusive behavior. For example, women may tend to wear heavier makeup than normal. Clients with Mania usually choose bright colors. Initially, others may view the client as sociable or fun to be around, but eventually they disengage because of the clients hyperactivity and intrusiveness. Clients with Mania tend to laugh and talk excessively, usually inappropriately. Because of feelings of euphoria, grandiosity and power, they attempt to control the environment by invading personal space and stretching environmental boundaries.

Mania episodes usually begin suddenly and last for a few days to a few months. Manic episodes are periods of abnormally and persistently elevated, expansive, or irritable mood.

The patient typically exhibits 3 or more of the following symptoms.

1. Extreme mood swings, irritability, sudden attacks of misplaced rage.
2. Sleep disturbances, awakening earlier every day, inability to stay in bed.
3. Decreased work output, distraction, restlessness.
4. Spending spaces.
5. Sexual promiscuousness.
6. Exaggerated self esteem, delusion of grandiose.
7. Elation.
8. Excessive activity.
9. Flight of ideas.
10. Excessive and illogical rhyming, punning, word association , pressured speech.

The causes of Mania is unknown, genetic, biochemical and psychological factors probably play a role. Genetic component strongly suggested by twin, family and adaption studies, higher incidence among first degree relatives of person with mania than in general population. Other common causes may be triggered by stressful events, antidepressant use, sleep deprivation, hypothyroidism.

The clinical features of Mania are expansive, grandiose or hyperirritable mood, increased psychomotor activity such as agitation pacing or hand wringing, excessive social extroversion, rapid speech with frequent topic changes, decreased need for sleep and food, impulsivity and impaired judgment.

Significant challenges in caring for clients with Mania, an interdisciplinary approach to long term management is most effective. Most nurses work in acute care settings, step down programs, day treatment programs and community based program to provide the complex care necessary.

NEED FOR THE STUDY

Mania is a debilitating illness characterized by drastic swings in mood, energy and functional ability. Effective and rapid control of acute Mania is required to prevent potential harm to patients and their families.

The term 'prevalence' of Mania usually refers to the estimated population of people who are managing Mania at any given time. The term 'incidence' of Mania refers to the annual diagnosis rate, or the number of new cases of Mania diagnosed each year.

The cause of Mania is unclear, but hereditary, biological, and psychological factors may play a part. For example, the incidence of Mania among relatives of affected patients is higher than in the general population and highest among maternal relatives. The closer the relationship, the greater the susceptibility. Children with one affected parent have a 25% chance of developing Mania; children with two affected parents, a 50% chance. The incidence of this illness in siblings is 20% to 25%; in identical twins, the incidence is 66% to 96%.

Although certain biochemical changes accompany mood swings, it isn't clear whether these changes cause the mood swings or result from them. In Mania, intracellular sodium concentration increases during illness and returns to normal with recovery. Changes in the concentration of acetylcholine and serotonin may also play a role. Although neurobiologists have yet to prove that these chemical shifts cause Mania, it's widely assumed that most antidepressant medications work by modifying these neurotransmitter systems.

New data suggest that changes in the circadian rhythms that control hormone secretion, body temperature, and appetite may contribute to the development of Mania. Emotional or physical trauma, such as bereavement, disruption of an important relationship, or a serious accidental injury, may precede the onset of Mania; however, Mania commonly appears without identifiable predisposing factors.

The American Psychiatric Association estimates that 0.4% to 1.2% of adults experience Mania. This Mania affects

women and men equally and is more common in higher socioeconomic groups. It can begin any time after adolescence, but onset usually occurs between ages 20 and 35; about 35% of patients experience onset between ages 35 and 60. Before the onset of overt symptoms, many patients with mania have an energetic and outgoing personality with a history of wide mood swings.

Mania recurs in 80% of patients; as they grow older, the episodes recur more frequently and last longer. This illness is associated with a significant mortality; 20% of patients commit suicide, many just as the depression lifts.

In global level revealed that the incidence of mania was 38%

In world health organization reported that the incidence rate of Mania was 27.5%

In Canada the incidence rate of mania 7.9-8.9 of adults will have Mania during their life time at least once.

In India the incidence rate of mania was 31.2%, the annual incidence of Mania in slightly higher in male than in female.

In National institute of Mental Health and Neurosciences reported that the incidence rate of Mania was 29.8%

In Institute of Mental Health the incidence rate of Mania was 32%

So prevalence and incidence rate of Mania was high so the investigator would like to assess the effectiveness of Nursing care of Patients with Mania.

STATEMENT OF THE PROBLEM

EFFECTIVENESS OF NURSING CARE ON PATIENTS WITH MANIA.

OBJECTIVES

1. to assess the mental health status of the patients with Mania.
2. to evaluate the effectiveness of Nursing care on patients with Mania.
3. to correlate the effectiveness of Nursing care on patients with Mania with the selected demographic variables.

OPERATIONAL DEFINITION

Effectiveness

It refers to evaluating the excellence of Nursing care provided to promote the mental health status of patients with Mania by using standardized tool (Young Mania Rating Scale) as evaluated by improvement in the post test.

Nursing Care

Nursing care refers to the care provided by the investigator such as improvement of the thought process, prevention of injury to self and others, reduction of environmental stimuli, improving of the social interaction and communication skills, improving nutrition status, improving the individual and family coping through individual psychotherapy, group therapy, family therapy and cognitive therapy.

Patients with Mania

It refers to individuals who had been diagnosed as Mania and admitted in the psychiatric ward at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research, Kancheepuram District.

HYPOTHESIS

Nursing care is effective for patients with Mania.

LIMITATIONS

1. This study was limited to 6 weeks.
2. The samples size was limited to 30.
3. The study was limited to Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research, Kancheepuram District.
4. The findings of the study can not be generalized.

CONCEPTUAL FRAMEWORK

A conceptual framework is an abstract idea or mental image of phenomena or reality Kogire (1984). Conceptualization is the process of forming ideas which utilized and forms conceptual framework for development of research design. A framework is a best structure supporting anything a conceptual framework or model is a best structure or outline of abstract ideas or images that represent reality.

The conceptual framework for this study is based on Von Berteelanfly (1968) the General system theory. A system consists of a set of interacting components within a boundary that filters the type and rate of exchanges with the environment.

In open system receives input and gives back output in the forms of matter, energy and information.

INPUT

In this, study input refers to demographic variables like age, gender, educational status, marital status, personal habits, duration of illness, history of mental illness, availability of support systems and assessment of patients with Mania by using Young Mania Rating Scale.

THROUGHPUT

Process refers to Nursing care such as improved thought process, prevented injury to self and others, reduced environmental stimuli, improved the social interaction and communication skills, improved the nutritional status, improved the individual and family coping through individual psychotherapy, group therapy, family therapy and cognitive therapy.

OUTPUT

In this, study the output refers to Mild Mental health deterioration, Moderate Mental health deterioration, Severe Mental health deterioration and it is measured by Young Mania Rating Scale.

FEEDBACK

The feedback is the process whereby the output of the system is redirected as a part of time and input of the same system. If there is no improvement in the Nursing care will be reassessed and redirected and process is continued.

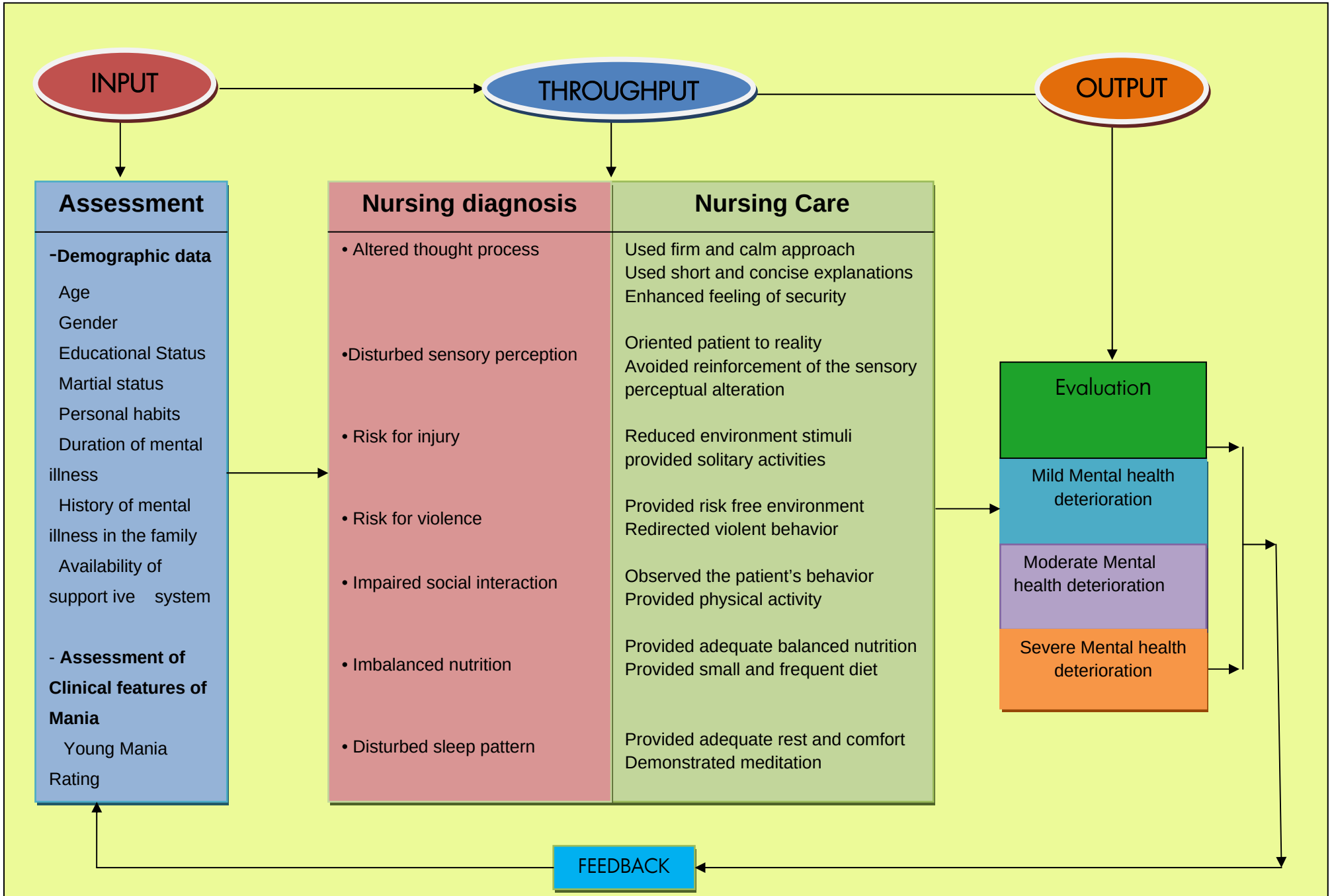

FIG 1.1 – MODIFIED VON BERTEELANF

FIG 1.1 – MODIFIED VON BERTEELANFLY SYSTEMS THEORY MODEL (1969)

I

CHAPTER - II

REVIEW OF LITERATURE

Review of literature is an essential component of research study as it provides a broad understanding of the research problems. Keeping this in mind the investigator has made a through study and available sources, which have been helpful in projecting the widened perspectives of the study. The most literature review had contributed good background material, helpful methodology and relevant insight to this study.

Mania is a very severe psychiatric condition characterized by extremely elevated mood, energy, unusual thought patterns and sometimes (in most severe cases) psychosis. Manic patients may need to be hospitalized to protect themselves and others.

The available literature had been given in the following section

PART-I Review of literature related to Prevalence of Mania

PART-II Review of literature related to Clinical features of Mania

PART-III Review of literature related to Nursing interventions of Mania

PART- I Review of literature related to Prevalence of Mania

Beckford-Ball J., et.al.(2009) stated that Mania can be a debilitating long-term condition characterized by extreme mood swings, ranging from elation to severe depression and sometimes coexisting mixtures of the two. It provides recommendations for nurses on the assessment, treatment and long-term management of mania.

Carvalho., et.al, (2009) revealed that Mania is a serious psychiatric disorder, which presents high rate of relapse and apparent functional damage. The nurses, as professionals in the first line of care, have a decisive role in the interaction with these patients, not only in terms of treatment, but mainly in the social integration process of these individuals.

Kraeplin., et.al,(2009) reported on the age of onset of Manic depressive throughout the lifetime of a sample of 903 patients. He found that onset before 10years of age occur in 0.4% of patients; 2.5% of patients had onset between ages 10 & 15 years ; and in

16.4% age of onset was between 15 and 20 years. He described Mania in a child as young as 5 years of age.

Rice., et.,al., (2009) found a strong relationship between a patients age onset of Mania disorders (13-52 years) and the risk of the disease to his first degree relatives.

Akiskal., et.al,(2008) in a study of 68 patients ages 6 to 24 years with affective manifestations found that prepubertal on set occurred in 10 (14.7%) and adolescent onset occurred in 41(60.3%) of these 16% had manic or mixed states and 15% had Cyclothymiacs. They also found that more of them had initially have been diagnosed as having a mood disorders.

Lack., et.al,(2008) revealed that Mania is a chronic condition with a tremendous economic burden, yet the majority of patients do not receive quality care. Organized treatment programs that employ features such as care coordinators and patient and family psycho education have been shown to improve clinical outcomes for patients with mania.

Mary.,et,al (2008) suggested that the patients with a Mania need to cope with the problems they encounter, the consequences of their disease, and unpleasant events to stay well The participants (N = 157) completed the Utrecht Coping List and a questionnaire addressing various demographic and clinical characteristics. The results showed outpatients with a Mania to have a less active reaction pattern and a more avoidant coping style compared with people from the general population.

Simon., et.al,(2008)stated that childhood mood disorders such as major Depression, Dysthymia, and Manic disorder have been found to be highly prevalent among children and adolescents. The emotional and behavioral dysfunction associated with these mood disorders can cause impairments across areas of functioning, including academic and social arenas.

Shan., et.al, (2008) described that Mania is now considered either primary or secondary in nature. Primary Mania is an affective or mood disorder. Secondary Mania occurs secondary to a variety of organic disorders(e.g. Drug intake, infection, neoplasm, epilepsy or metabolic disturbances).

Beckwin.,et,al. (2007), stated that the health a positive state of well being people are in a state of emotional physical and social well being; fulfills their responsibilities for effectively in daily life and are satisfied interpersonal relationships and themselves. Generally a person behavior can provide clues to his or her mental health. In majority of cases mental health is a state of emotional, psychological and social wellness evidenced by satisfied interpersonal relationships, effective behavior, coping, positive self concept and emotional stability.

Gangle.,et,al.(2007), revealed that the some specific risk factors or characteristics that increase the likelihood of developing a disorder can contribute to poor mental health and influence the development of a mental disorders.

Rickie.,et.al,(2007) suggested that the risk factors mental disorders including genetic biologic, environmental, cultural and occupational. Some risk factors can be controlled or changed through mental health promotion activities others cannot. Genetic

risk factors cannot be changed because individuals cannot change the genetic making with which they are born.

Walkie., et.al,(2007) suggested that the onset of illness is between 15-25 years. The mean age of onset is 30 years. Frequently it has been seen that in Manic phase of illness patient abuses alcohol and it appears to be equally common in men and women.

Dock.,et.al, (2008) revealed that mental health is a sound efficient mind and controlled emotion. Body and mind are working together efficiently and harmonious manner, whose behavior is determined in integrated way by both physical and emotional factors. If a person is well adjusted he has good physical health and desirable social and moral values. The well adjusted and well integrated and mature person is bound to have positive mental health. Health or sickness of the body affects the mind and emotion and in turn status of the mind affects the body. Interpersonal skills will basic concept of mental health.

Pichadi., et.al,(2007) revealed that the causes of Mania includes two main factors biological and psychological factors.

1. Biological factors;
    a. Genetics hypothesis.
    b. Biochemical influences.
2. Psychological factors:
    a. Psychoanalytical theory.
    b. Behavior theory.
    c. Cognitive theory.
    d. Sociological theory.

PART-II Review of literature related to Clinical features of Mania

Huang., et.al,(2009) revealed that patients with Mania in a euthymic mood state can suffer from subsyndromal or residual symptoms of Depression or Hypomania. Study was undertaken to gain insight into the broader spectrum of psychopathological symptoms and quality of life. Outpatients with mania reported fewer symptoms of psychopathology than psychiatric outpatients in

general, but relative to the general population, a significantly lower quality of life was reported.

Ludman.,et.al,(2009) revealed that relationship between changes in mood symptoms and changes in functioning or disability in people treated for Mania. Among people treated for Mania, modest changes are associated with statistically and clinically significant changes in functional impairment and disability.

Shattell., et.al,(2009) revealed that sleep loss is an important trigger for Mania and plays an important role in the condition. The chronobiological, environmental, social, and genetic factors that contribute to the sleep disruption that is characteristic of mania As a result, many practicing nurses are unaware of the importance of sleep for mental health or what to teach patients to improve both the quality of their sleep and the management of their condition.

Walter.,et,al,(2009) revealed that the symptom management of patients with Mania, influences quality of life and

relapse. It describes a study of symptom recognition and management and the ability of self-care agency to predict symptom management. A purposive sample of 45 subjects was studied. Patients with Mania have long-term vulnerability for relapse after hospital stabilization. Nurses need to continue to find ways to assess and strengthen symptom management and self-care in these relapse-prone individuals.

Cutler., et.al, (2008) stated that the symptom management of patients with Mania, influences quality of life and relapse. Symptom recognition and management and the ability of self-care agency to predict symptom management. Mania have long-term vulnerability for relapse after hospital stabilization.

Dickee.,et,al.(2008) revealed that the Mania is usually diagnosed and treated by a psychiatrist and/or a psychologist in an outpatient setting. However, most severely manic patients require hospitalization. In addition to an interview, several clinical inventories or scales may be used to assess the patient's mental status and determine the presence and severity of mania. An

assessment commonly includes the Young Mania Rating Scale (YMRS).

Elien.,et,al.(2008) revealed that the patients experiencing mania as a result of Mania will require long-term care to prevent recurrence; Mania is a chronic condition that requires lifelong observation and treatment after diagnosis. Data show that almost 90% of patients who experience one manic episode will go on to have another.

Kaplan and sadock's., et.al, (2007) revealed that the clinical features of Mania

- Elevated, expensive or irritable mood.
- Inflated self-esteem or grandiosity.
- Hyperactivity or psychomotor agitation.
- Disturbance in sleep decreased need for sleep.
- Flight of ideas.
- Distracted poor attention span.
- Excessive involvement in pleasurable activities.
- Dress is often inappropriate with bright colors that do not match excessive make up and jewellery.

PART-III Review of literature related to Nursing interventions of Mania

Black., et.al,(2009) stated that the Child and adolescent Mental health nurses work with children and adolescents who have Mania. These include community mental health services, hospitals, and schools. Due to the multidisciplinary nature of the treatment and management of Mania disorder during childhood and adolescence, nurses have a major role to play in providing frontline assessment services, monitoring treatment, and delivering psychosocial interventions.

Davies., et.al,(2009)revealed that the effective therapies for the long-term care of individuals with Manic feature medication management and an interactional component between patients and care providers. The model emphasizes that patients are co-managers of their illness and successful outcomes are enhanced within a supportive social environment.

Kreplin.,et,al(2009) revealed that the Manic illness is a serious psychiatric disorder, which presents high rate of relapse and apparent functional damage. Because of their impact on

society and society in patients, sometimes with drastic consequences, identify her clinical symptoms and treatment and the nursing care that these patients need. There is a great need for knowledge about this disease, so that the general public understands the implications of living this way. There is then a need to integrate the mentally ill into society and the development of techniques that facilitate integration. The nurses, as professionals in the first line of care, have a decisive role in the interaction with these patients, not only in terms of treatment, but mainly in the social integration process of these individuals.

McDougall., et.al,(2009) revealed that the role of the Mental health Nurse in the assessment, diagnosis, treatment, and management of children and adolescents with Mania in community and hospital settings. They are therefore well placed to support children and adolescents with mania during first contact with primary care services, through engagement with specialist mental health services, and in accessing early intervention and crisis services.

Acklar.,et.al,(2008) revealed that the psychiatric nurses are increasingly being involved in the provision of care for outpatients with Mania. The establishment of a body of knowledge for the nursing of these patients is vital for the development of integrated evidence-based treatment.

Costell.,et.al,(2008) revealed that currently, mental health care is seeking parity with medical health care for the first time. They can incorporate their use of self as a therapeutic agent to teach, listen, and negotiate effectively with patients and their families for optimal outcomes in treating the whole person, mind, body, emotions, and spirit. Advanced practice psychiatric mental health nurses are able to move with the changes in mental health care.

Richerd.,et,al.(2008) stated that the patient education in the form of therapy or self-help groups is crucial for training patients to recognize signs of Mania and to take an active part in their treatment program. Psychotherapy is an important adjunctive treatment for patients with Mania.

Saghash.,et.al, (2008) revealed that appropriate adjunctive psychosocial interventions in Mania have been found to be associated with improved treatment adherence, greater stability, fewer hospitalizations, fewer days hospitalized, less need for crisis interventions, psychosocial interventions have been found to be more effective in patients with depressive than Manic symptoms.

Varghese.,et.al,(2008) revealed the particular, collaborative care, in the treatment of Mania. Collaboration between primary care and psychiatric providers has the potential to improve both mental health and general medical outcomes for patients with Mania adjunctive psychosocial interventions in Mania are clinically beneficial and cost effective when used in conjunction with pharmacotherapy.

Goosin .,et.al,(2007) revealed that psychiatric and health services research literature was reviewed to identify recent studies regarding effectiveness, cost-effectiveness, and generalizability of collaborative care programs to improve treatment of Mania.

Simon., et.al, (2007) suggested that Effective therapies for the long-term care of individuals with Mania feature medication management and an interaction component between patients and care providers. Emphasizes that patients are co-managers of their illness and successful outcomes are enhanced within a supportive social environment and advanced practice psychiatric nurses apply key elements of the collaborative practice model in their work with clients with Mania.

CHAPTER – III

METHODOLOGY

This chapter deals with the research design, settings, population of the study, sample size, sampling technique, criteria for sample selection, data collection and instrument.

RESEARCH DESIGN

A one group pre test and post test research design was adapted to assess the effectiveness of Nursing care of patients with Mania.

SETTING

The study was conducted in male and female psychiatric wards at Melmaruvathur Adhiparasakthi institute of Medical Sciences & Research, Kanchepuram District.

POPULATION

All male and female patients who had been diagnosed as Mania and admitted in psychiatric wards at Melmaruvathur Adhiparasakthi institute of Medical Sciences & Research, Kancheepuram District.

SAMPLE SIZE

The sample of 30 patients who met the inclusion criteria were selected for this study at Melmaruvathur Adhiparasakthi institute of Medical Sciences & Research.

SAMPLING TECHNIQUE

Sampling technique adopted was convenient sampling method.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

- Both male and female were selected.
- Patients who could understand Tamil or English.

Exclusion criteria

- Patients with physical illness and disabilities.
- Patients with cognitive impairment and any other psychiatric disorders.

INSTRUMENT

Details of the tools used in this study are given below

Section – A : Proforma for Demographic Data

Section – B : Young Mania Rating Scale

Section – C : Check list for Nursing intervention assessment

DATA COLLECTION

The study was conducted in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. The data was collected for a period of six weeks by using Young Mania Rating Scale.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with description of the tool, report of the pilot study, reliability, validity, informed consent, score interpretation, data collection procedure and statistical method.

DESCRIPTION OF THE TOOL AND SCORING

The tool for this study consist of three sections

Section– A : Profoma for demographic Data

Section– B : Young Mania Rating Scale.

Section– C : Check list for Nursing intervention assessment

SECTION – A

The demographic variables including age, gender, educational status, martial status, personal habits, duration of illness, history of mental illness in the family and availability of supportive system.

SECTION – B

Young Mania Rating Scale (YMRS) was used to assess the severity of Mania. Each questions carried maximum score of 4 and

minimum score of 0, the total score was 44. Based on this information the data were classified as follows:

< 50 - Mild Mental health deterioration

51-75 - Moderate Mental health deterioration

> 75 - Severe Mental health deterioration

SECTION – C

Nursing care refers to improvement of the thought process, prevention of injury to self and others, reduction of environmental stimuli, improvement of the social interaction and communication skills, improvement of the nutritional status and improvement of the individual and family coping through individual psychotherapy, group therapy, family therapy and cognitive therapy.

VALIDITY

The standardized tool was adapted by the investigator under the guidance of experts and on the basis of objectives, which was assessed and evaluated, accepted by experts of research committee. Content validity of this instrument was obtained from nursing experts.

REPORT OF THE PILOT STUDY

The pilot study was conducted at Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research, for a period of 10 days. The Young Mania Rating Scale was used by the investigator and it was used in pilot study to find out the reliability and validity which were evaluated by the experts of the research committee. Simple random sampling technique was adopted to select 5 samples and by using check list and structured assessment scale, the health condition of the patient with Mania had been assessed.

RELIABILITY

The investigator adopted Young Mania Rating Scale and reliability was checked by inter rater method. The reliability was 80%(0.80). Reliability and practibility of the tool was tested through the pilot study and used for main study.

INFORMED CONSENT

The dissertation committee prior to the pilot study approved the research proposal. The consent from the patients and relatives regarding the confidentiality of the study were obtained before initiating the data collection.

DATA COLLECTION PROCEDURE

The data collection procedure was done for six weeks. After getting the demographic data from the patients/ care giver, the patient assessment was done with the help of the Young Mania Rating Scale. Based on the assessment the nursing interventions were carried out during the study period and on the seventh day the care was evaluated with the Young Mania Rating Scale.

SCORE INTERPRETATION

SECTION – C

Effectiveness of nursing care of patients with Mania was done by using Young Mania Rating Scale. Each questions carried maximum of 4 and minimum score of 0. Based on the scoring the of effectiveness of Nursing care was evaluated using the formula

$$\text{Score interpretation} = \frac{\text{Obtained score}}{\text{Total Score}} \times 100$$

The scores were interpreted as follows,

< 50	-	Mild Mental health deterioration
51– 75	-	Moderate Mental health deterioration
> 75	-	Severe Mental health deterioration

PLAN FOR DATA ANALYSIS

The descriptive statistics was used to find out mean, standard deviation. The inferential statistics such as sign test and correlation test was used for effectiveness of Nursing care and relation between selected demographic variables of the patients with Mania.

STATISTICAL METHOD

S. No	Data Analysis	Methods	Remarks
1	Descriptive Statistics	Number, percentage, mean and standard deviation	To describe the demographic variables of patients with Mania.
2	Inferential statistics	1.Sign test	To evaluate effectiveness of Nursing care on patients with Mania.
3.	Inferential statistics	2. Correlation	To correlate the selected demographic variables and the effectiveness Nursing care on patients with Mania.

The analysis of data was organized and presented based on the objectives in the following sections.

SECTION – A

Frequency and percentage distribution of demographic variables of patients with Mania.

SECTION – B

Frequency and percentage distribution of assessment score and evaluation score of patients with Mania.

SECTION – C

Mean and standard deviation of score, assessment score & evaluation score of patients with Mania.

SECTION – D

Effectiveness of nursing care of patients with Mania using sign test.

SECTION – E

Correlation between selected demographic variables and effectiveness of Nursing care of patients with Mania.

SECTION – A

TABLE 4.1 – FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF PATIENTS WITH MANIA

N=30

S.No	Demographic Variables	Frequency	Percentage
1	**Age**		
	a. Below 30 years	15	50.00
	b. 31-40 years	9	30.00
	c. 41-50 years	5	16.67
	d. Above 51 years.	1	3.33
2	**Gender**		
	a. Male	11	36.67
	b. Female	19	63.33
3	**Educational status**		
	a. Illiterate	2	6.67
	b. Primary school level	18	60.00
	c. Higher secondary level	9	30.00
	d. Graduate	1	3.33
4	**Marital status**		
	a. unmarried	4	13.33
	b. married	22	73.34
	c. widow/widower	3	10.00
	d. separated/divorced	1	3.33

5	**Personal habits**		
	a. Nil	4	13.33
	b. Alcohol	11	36.67
	c. Tobacco chewing	4	13.33
	d. Smoking and alcohol	11	36.67
	e. Others (Specify).	-	-
6	**Duration of Mental illness**		
	a. < 6 months	11	36.67
	b. 6 months – 1 ½ years	6	20.00
	c. 1 ½ years – 3 years	6	20.00
	d. > 3 years	7	23.33
7	**History of mental illness in the family**		
	a. Yes	17	56.67
	b. No	13	43.33
8	**Availability of supportive system**		
	a. Family members	10	33.34
	b. Friends	7	23.33
	c. Social agency	7	23.33
	d. others (Specify).	6	20.00

Table 4.1 revealed that among the 30 patients, 15 (50%) were below 30 years, 9 (30%) were in 31-40 years, 5 (16.66%)

were in 41-50years and one(3.33%) was above 51 years, about sex 11(36.66%) were male and 19(63.33%) were female.

In educational status, 2(6.66%) were illiterate and 18 (60%) were in primary school level. Majority of the patients 22 (73.33%) were married,4 (13.33%)were in unmarried, one (3.33%) was separated and 3 (10%) were widow/widower.

About personal habits 4 (13.33%) had habits of alcohol intake, 11 (36.66%) had the habits of tobacco chewing, 4(13.33%) had the habits smoking and 11 (36.66%) were smoking and alcohol.

Regarding duration of mental illness, 11(36.66%) had the illness of < 6 months, 6(20%) had the illness of 6months-1½ years, 6 (20%) had the illness between 1½ -2½ years and 7(23.33%) had the illness between > 2½ years.

History of mental illness in the family reveals that 17 (56.66%) were Yes and 13 (43.33%) were No. Availability of supportive system revealed that 10 (33.33%) had family support, 7

(23.33%) had friends support, 7 (23.33%) had from social agency and 6 (20%)from others.

SECTION – B

TABLE - 4.2 FREQUENCY AND PERCENTAGE DISTRIBUTION OF ASSESSMENT AND EVALUATION OF PATIENTS WITH MANIA.

N=30

Health status of the Manic patients	Assessment		Evaluation	
	No	%	No	%
Mild Mental health deterioration(<50 %)	-	-	9	30
Moderate Mental health deterioration (50-75%)	20	67	18	60
Severe Mental health deterioration (>75%)	10	33	3	10

Table - 4.2 depicts the effectiveness of Nursing care of patients with Mania. In assessment among 30 patients, 20 (66.66%) were in Moderate Mental health deterioration and 10 (33.33%) were in Severe Mental health deterioration. In evaluation among 30 patients, 9(30%) were in Mild Mental health deterioration, 18 (60%) were in Moderate Mental health deterioration and 3 (10%) were in Severe Mental health deterioration.

SECTION – C

TABLE.4.3MEAN AND STANDARD DEVIATION OF ASSESSMENT AND EVALUATION SCORE OF PATIENTS WITH MANIA.

N = 30

SCORE	MEAN	STANDARD DEVIATION	CONFIDENCE INTERVAL
Assessment score	**33.2**	**2.82**	**34.66 – 31.93**
Evaluation score	**25.8**	**4.19**	**27.69 – 23.90**

Table 4.3 reveals the mean and standard deviation of effectiveness of Nursing care of patients with Mania. The overall mean for assessment score was 33.2 with the standard deviation of 2.82. The overall mean for evaluation score was 25.8 with the standard deviation of 4.19. The overall confidence interval assessment score was 34.66-31.93 and evaluation score was 27.69-23.90.

SECTION – D

TABLE - 4.4 EFFECTIVENESS OF NURSING CARE OF PATIENTS WITH MANIA USING SIGN TEST.

N=30

TOPIC	(K)	SIGN(S)	COMPARISON
IMPROVEMENT SCORE	3	9.14	K < S

Table - 4.4 reveals improvement score on effectiveness of Nursing care of patients with Mania . The total 'k' value is 3 and the 'sign' value is 9.14. The comparison of 'k' value and 'sign' value represents that K<S (3<9.14). So the results shows that there was a significant improvement in the health status of patients with Mania on the evaluation day hence the Nursing care was effective.

SECTION-E

TABLE.4.5 CORRELATION BETWEEN SELECTED DEMOGRAPHIC VARIABLES AND EFFECTIVENESS OF NURSING CARE OF PATIENTS WITH MANIA.

N=30

S. No	Demographic variables	Assessment Score				Evaluation Score						r
		Moderate 51 – 75%		Severe >75%		Mild <50%		Moderate 51 – 75%		Severe >75%		
		No	%	No	%	No	%	No	%	No	%	
1	**Age**											
	a. below 30 years	10	33.33	5	16.67	3	10	12	40	-	-	
	b. 31-40 years	6	20	3	10	4	13.33	3	10	2	6.67	-0.99* S
	c. 41-50 years	4	13.34	1	3.33	2	6.67	3	10	1	3.33	
	d. 50 years & above	-	-	1	3.33	-	-	-	-	-	-	
2	**Gender**											
	a. Male	7	23.33	4	13.34	3	10	7	23.33	1	3.33	0.99* S
	b. Female	13	43.33	6	20	6	20	11	36.67	2	6.67	
3	**Marital Status**											
	a. Unmarried	3	10	1	3.33	1	3.33	3	10	-	-	
	b. Married	17	56.67	5	16.67	6	20	12	40	3	10	-0.37* S
	c. Widow/ Widower	2	6.67	1	3.33	2	6.67	2	6.67	-	-	
	d. Separated / Divorced	1	3.33	-	-	-	-	1	3.33	-	-	

4	**Duration of Mental illness**											
	a. < 6 months	6	20	5	16.67	1	3.33	9	30	1	3.33	
	b. 6 months – 1½ years	5	16.67	1	3.33	1	3.33	4	13.33	-	-	0.66* S
	c. 1 ½ years - 2½ years	5	16.67	1	3.33	5	16.67	1	3.34	-	-	
	d. > 2 ½ years	4	13.33	3	10	2	6.67	4	13.33	2	6.67	
5	**History of mental illness in the family**											- 0.99* S
	a. Yes	10	33.33	6	20	4	13.33	11	36.67	-	-	
	b. No	10	33.33	4	13.34	5	16.67	7	23.33	3	10	

*Significant P< 0.05

Table 4.5 reveals that there was statistically significant relationship between selected demographic variables and the effectiveness of Nursing care of patients with Mania. Negative correlation between the age, marital status, duration of illness, history of mental illness in the family and positive correlation between gender.

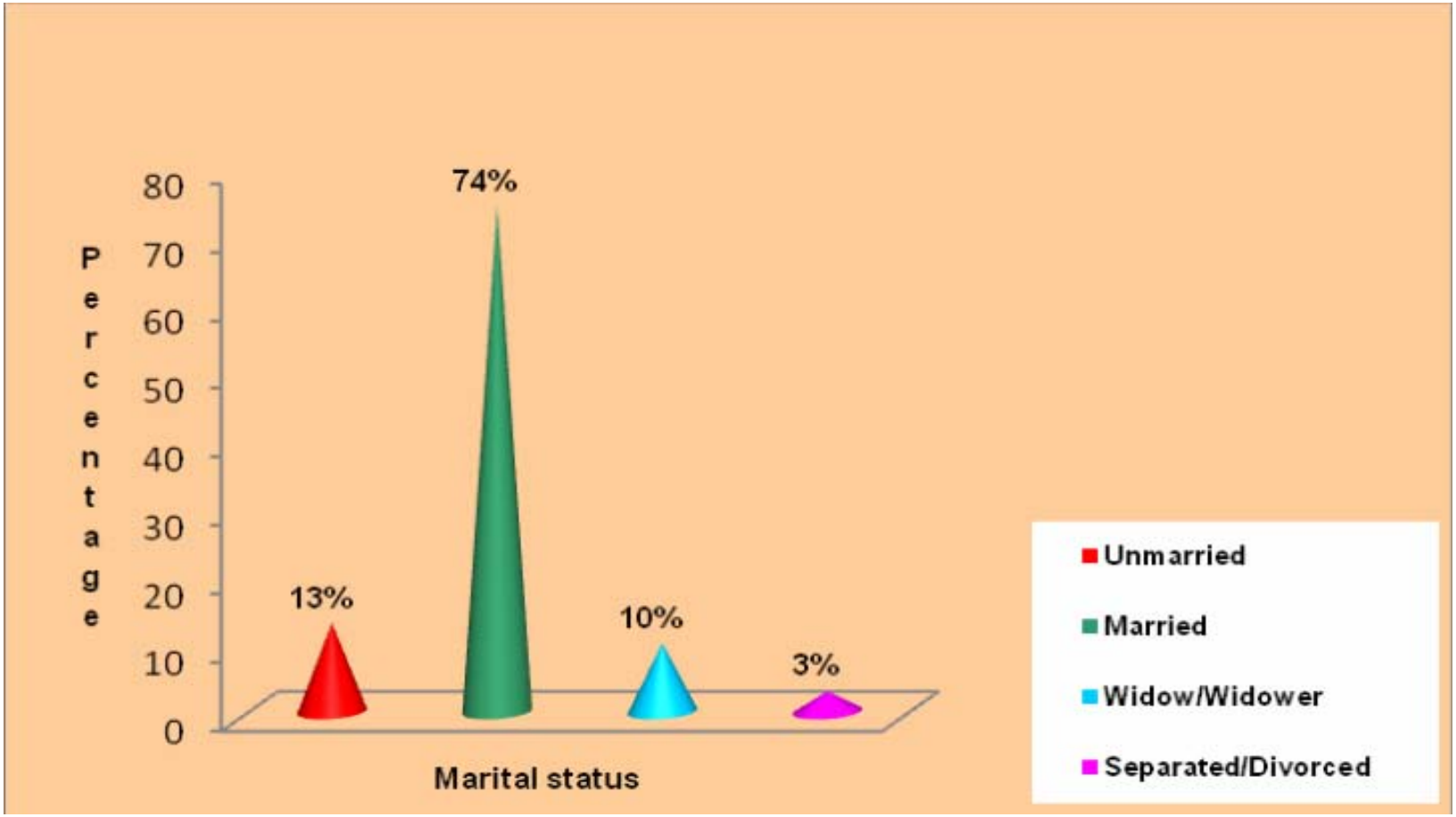

FIG 4.3 PERCENTAGE DISTRIBUTION OF PATIENTS WITH MANIA BASED ON THE MARITAL STATUS

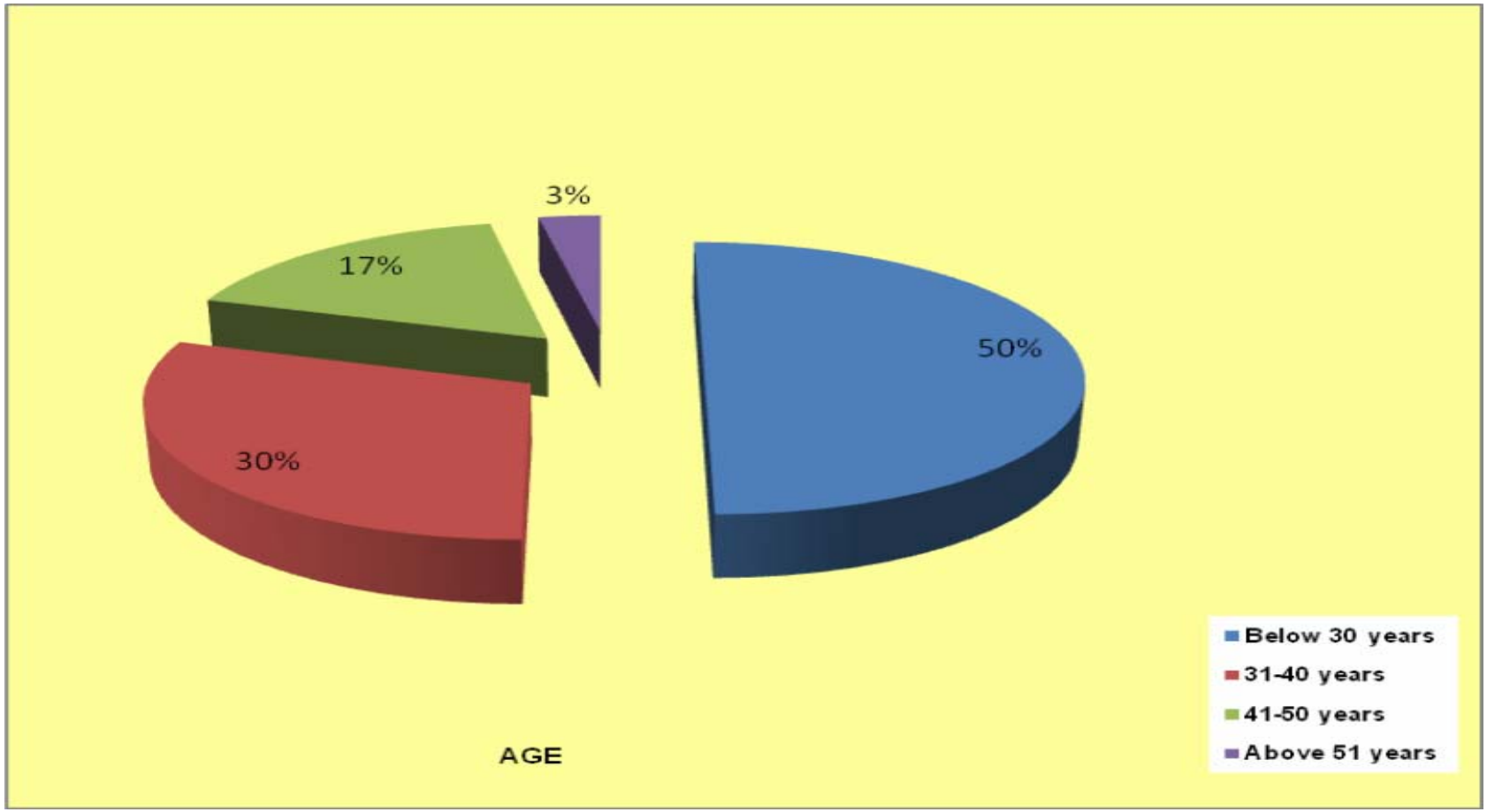

FIG 4.1 PERCENTAGE DISTRIBUTION OF PATIENTS WITH MANIA BASED ON THE AGE

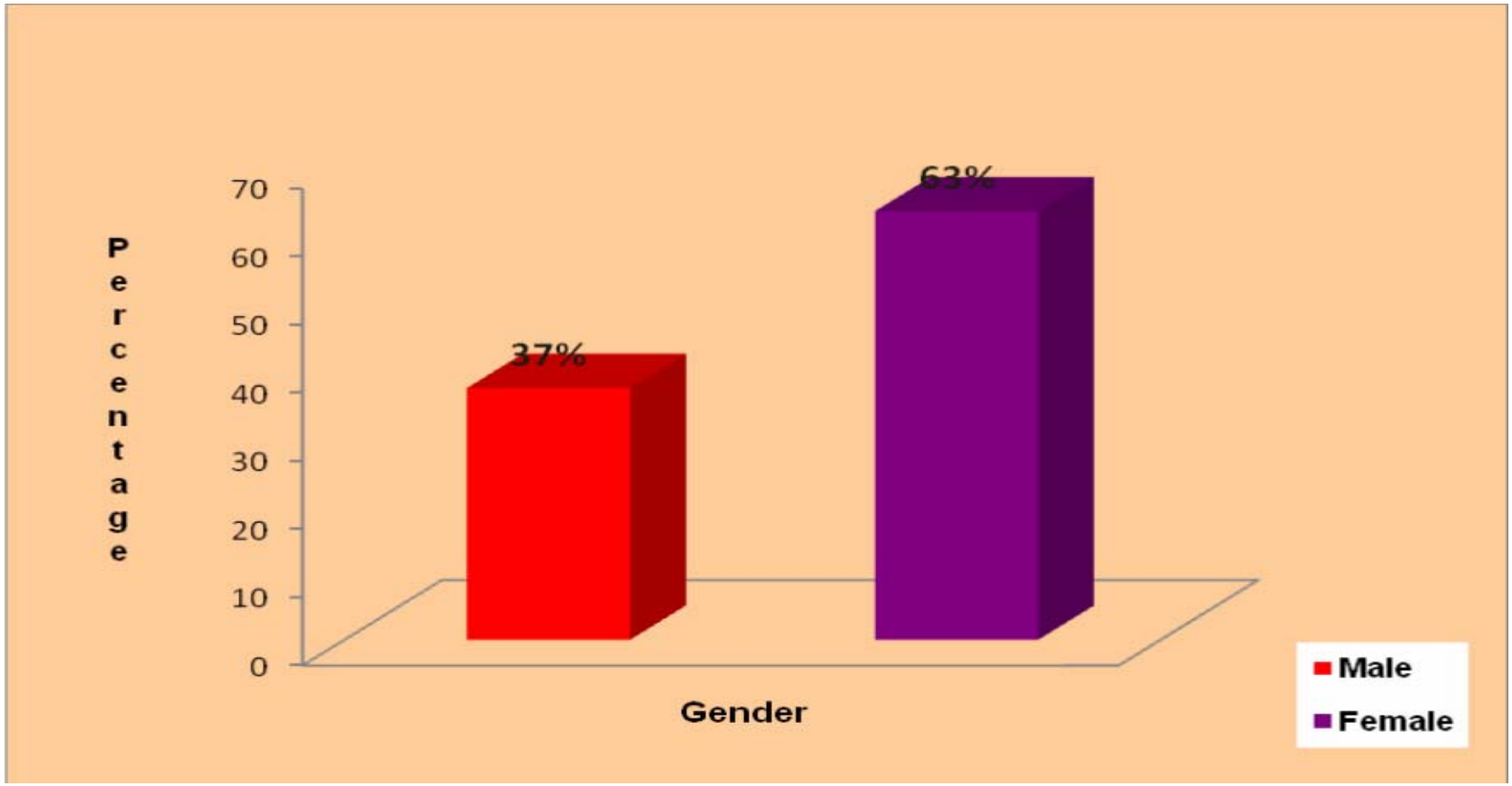

FIG 4.2 PERCENTAGE DISTRIBUTION OF PATIENTS WITH MANIA BASED ON THE GENDER.

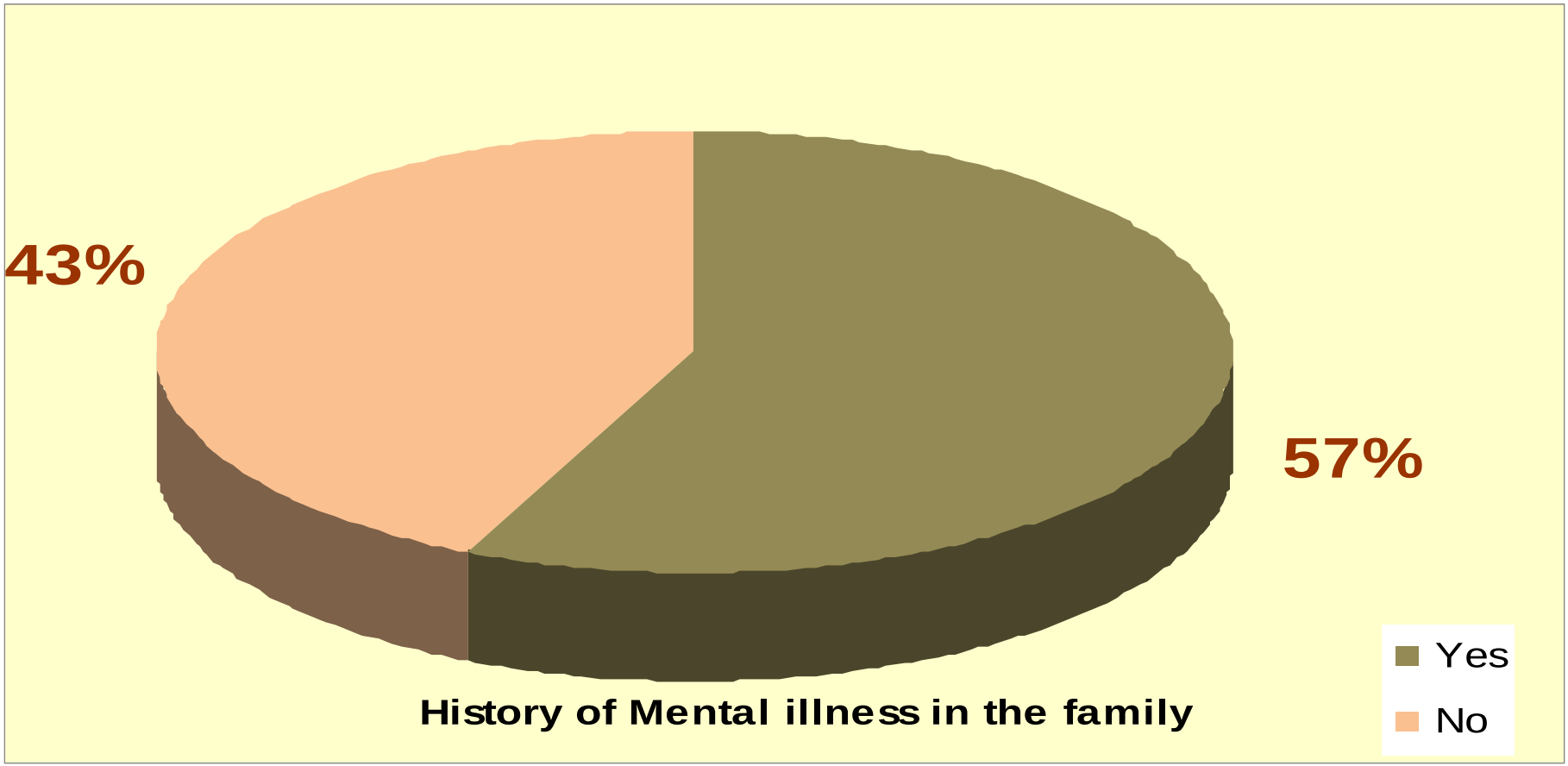

FIG 4.5 PERCENTAGE DISTRIBUTION OF PATIENTS WITH MANIA BASED ON THE HISTORYOF MENTAL ILLNESS IN THE FAMILY.

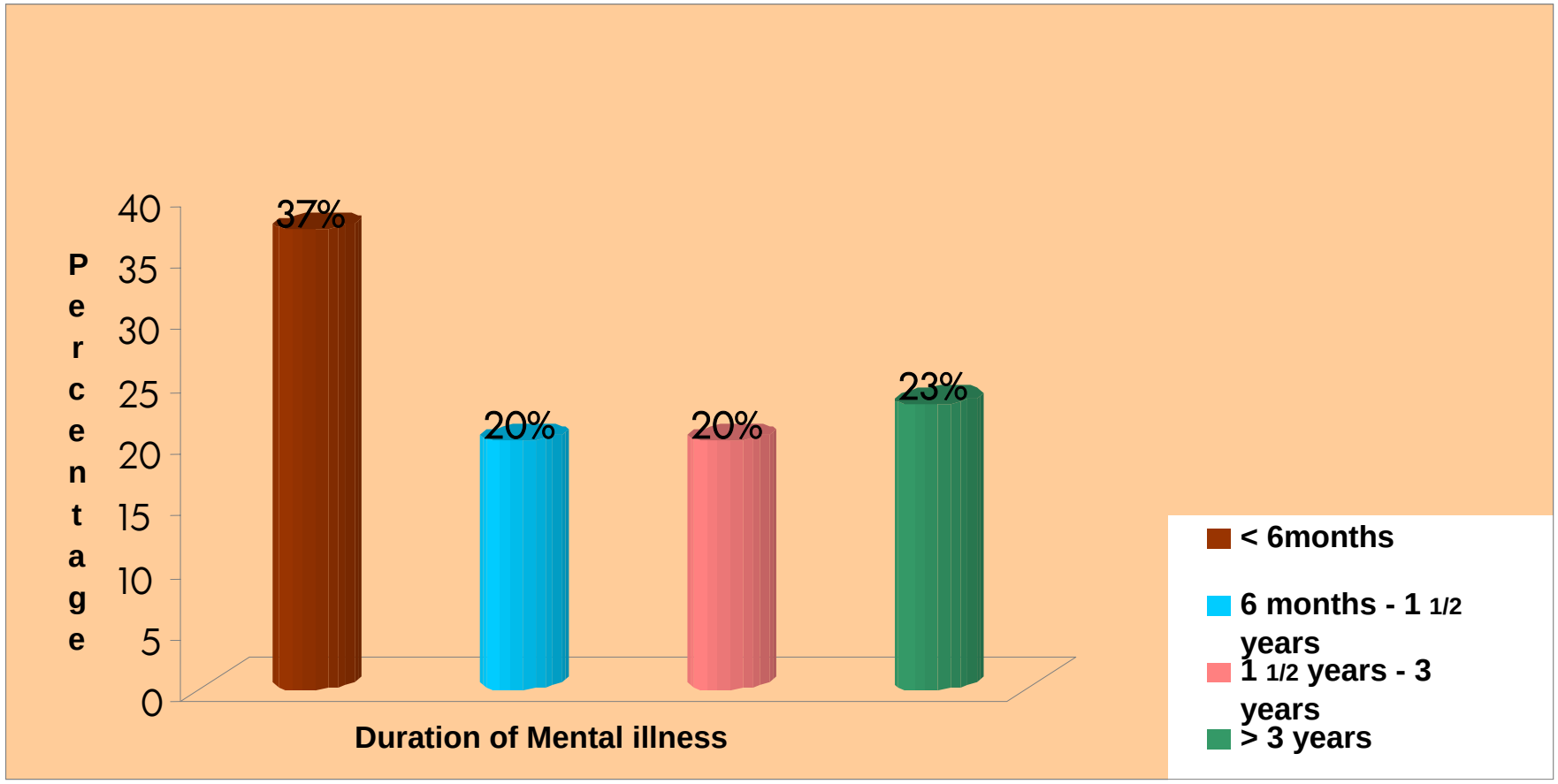

FIG 4.4 PERCENTAGE DISTRIBUTION OF PATIENTS WITH MANIA BASED ON THE DURATION OF MENTAL ILLNESS.

CHAPTER – V

RESULTS AND DISCUSSION

The present study was conducted to elicit the effectiveness of Nursing care of patients with Mania. A total number of 30 patients with Mania was selected who met the inclusion criteria in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. The investigator first introduced herself to the patients and established good rapport with them. After selection of sample, assessment process had been conducted by Young Mania Rating Scale, among 30 patients, 10 were in severe mental health deterioration and 20 were in moderate mental health deterioration. Based on the assessment a comprehensive nursing care was provided for the 30 patients. After the nursing care 9 were in mild mental health deterioration, 18 were in moderate mental health deterioration and 3 were in severe mental health deterioration.

The first objective was to assess the Mental health status of the patients with Mania.

Table - 4.2 depicts the effectiveness of Nursing care of patients with Mania. In assessment among 30 patients, 20 (66.66%) were in Moderate Mental health deterioration and 10 (33.33%) were in Severe Mental health deterioration. In evaluation among 30 patients, 9(30%) were in Mild Mental health deterioration, 18 (60%) were in Moderate Mental health deterioration and 3 (10%) were in Severe Mental health deterioration.

The second objective was to evaluate the effectiveness of Nursing care of patient with Mania.

Table 4.3 reveals the mean and standard deviation of effectiveness of nursing care of patients with Mania. The overall mean for assessment score was 33.2 with the standard deviation of 2.82. The overall mean for evaluation score was 25.8 with the standard deviation of 4.19. The overall confidence interval assessment score was 34.66-31.93 and evaluation score was 27.69-23.90.

Wertham.,et,al.,(2009) revealed that the psychiatric nurses are increasingly being involved in the provision of care for

outpatients with Mania. The establishment of a body of knowledge for the nursing of these patients is vital for the development of integrated evidence-based treatment it included not only the nursing care based on research results but also nursing care based on experiences acquired by practicing nurse.

Camplel., et.al.,(2009) revealed that the Nurse practitioners can be effective providers by using good nursing practices of communication, education, and advocacy for the patient and family. Knowledge of current diagnostic criteria and management is imperative for successful treatment of patients with Mania.

Table - 4.4 reveals **i**mprovement score on effectiveness of nursing care of patients with mania . The total ‘k’ value is 3 and the ‘sign’ value is 9.14. The comparison of ‘k’ value and ‘sign’ value represents that K<S (3<9.14). So the results shows that there was a significant improvement in the health status of patients with Mania on the evaluation day hence the Nursing care was effective.

The third objective was to correlate the relationship between the Nursing care patient with Mania and the selected demographic variables.

Table 4.5. reveals that there was statistically significant relationship between selected demographic variables and the effectiveness of Nursing care of patients with Mania such as negative correlation between the age, marital status, duration of illness, history of mental illness in the family and positive correlation between gender.

Kraeplin., et.al., (2009) revealed that the onset of Mania before 10years of age occur in 0.4% of patients; 2.5% of patients had onset between ages 10 & 15 years; and in 16.4% age of onset was between 15 and 20 years. He described Mania in a child as young as 5 years of age.

Wertham.,et.al., (2008) revealed that the Manic episodes are more common in men, when Manic Episodes occur in women, they are more likely than men to present a mixed picture . Women also have a higher rate of being rapid cyclers, defined as having four or more Manic episodes in a one year period.

Kaplan.,et.al.,(2008) revealed that the Mania is more common in divorced and single persons than among married persons, but this difference may reflect the early onset and the resulting marital discord characteristics of the disorder.

So this shows there is significance between the Nursing care of patients with Mania and Demographic factors such as age, gender and marital status.

CHAPTER – VI

SUMMARY AND CONCLUSION

The present study was conducted to elicit the effectiveness of Nursing care of patients with Mania. A total number of 30 patients with Mania selected who met the inclusion criteria in Melmaruvathur Adhiparasakthi Institute of Medical Sciences and Research. The investigator first introduced herself to the patients and established good rapport with them. After selection of sample, assessment process had been conducted by Young Mania Rating Scale, among 30 patients 10 were in severe mental health deterioration and 20 were in moderate mental health deterioration. Based on the assessment a comprehensive nursing care was provided for the 30 patients. After a Nursing care 9 were in mild mental health deterioration, 18 were in moderate mental health deterioration and 3 were in severe mental health deterioration. In evaluated the Nursing care to the patient had improved thought process, prevented injury to self and others, reduced environmental stimuli, improved the social interaction and communication skills, improved nutritional status and improved the individual and family coping through individual psychotherapy,

group therapy, family therapy and cognitive therapy. There was statistically significant improvement in mental health status of the patients with Mania in relation to the effectiveness of Nursing care.

FINDINGS OF THE STUDY

The study findings showed that the following result.

1. When compared “S” value with “K”, statistically was a significant improvement in Mental health status of the patients with Mania.
2. The effectiveness of nursing care for the patients with Mania was associated with demographic variables It showed that there was significant association between demographic variables and the nursing care of patients with Mania. Hence the effectiveness of Nursing care was dependent of demographic variables.

NURSING IMPLICATION

. Nursing intervention for patients focus helping the individual, family and community to achieve the optimum level of health status.

Nursing education

1. The holistic health care approach should be emphasized more during the training period of nursing students.
2. Conference, workshops, seminars can be given for nurses to impart education towards the assessment of Mania patients.
3. Journals should be made available in nursing colleges and schools related to mental health. Nursing students should be made aware of importance of educating the public about promotion of mental health and prevention of mental illness.
4. Special nursing training course should be conducted in community health to impart specific knowledge.

Nursing service

1. Special training courses can be conducted to the mental health workers to handle the patients with Mania.
2. Nurse who are working in psychiatric ward should have enough knowledge about disease and care of patients with Mania.

3. Community mental health nurse can organize Mental health awareness camp to promote Mental health.
4. Nurse, as a counsellor should provide counselling and guidance to the patients and family members of the patients with Mania.
5. Nurse working in community should participate in National Mental health programme.

Nursing administration

1. Nurse administrator should come forward to conduct health camps.
2. Organizing in service education Programmes for training health professionals in care of patients with Mania.
3. Organization of Mental health awareness programme in community setup.
4. Nurse Administrators can make necessary policies to implement of the counseling services for the Mania patients.

Nursing research

1. The findings of the study help the psychiatric nurses and students to develop the inquiry by providing baseline. The general aspect of the study result can be made by further replications of the study.
2. A nurse researcher can provide supportive care measures which may improve psychological well being for the Mania patients and their families.
3. The nursing discipline must follow the evidence based practice, this will provide quality of nursing care.

RECOMMENDATIONS

Keeping in view the finding of this study the following recommendations are made

1. The study can be done in large sample size.
2. A comparative study can be conducted in community setup.
3. A explorative study can be conducted to identify the predisposing factors for Mania.
4. A study can be conducted to assess knowledge and skills of nurses regarding care of patients with Mania.

BIBLIOGRAPHY

BOOKS

1. BeigelA and Marphy (2009*),**"Assessing clinical characteristics of the Manic state"*** Balantine publishers, Newyork.

2. Hsolkj and Starzyuski (2009), ***" Mania in adolescence"*** 10th edition, Mosby Publication.

3. Manju Mehta,(2009),***"Behavioral sciences in Medical practice",*** Jaypee publishers, New Delhi, India.

4. Joyce (2008),"***Age onset in mania and Misdiagnosis as schizophrenia",*** 3rd edition, jaypee publication.

5. Kaplan and sadock (2008),***"Synopsis of psychiatry, Behavioral sciences clinical psychiatry,"*** 10th edition Lippincott publishers, India.

6. Lousie (2008), ***"Basic concepts of psychiatric mental health Nursing",*** 7th edition, New Delhi, India, Williams and Williams publishers.

7. Stuart and sunden (2008*),"**Principles and practice of psychiatric nursing"** 9th edition, Mosby publishers, Philadelphia.

8. Young Re(2008),***"A rating scale for Mania: reliability , validity and sensivity",*** 3rd edition, Mosby publication.

9. Bashir M. Rusell(2007), ***"Mania in adolescence A 10 year study",*** 5th edition, jaypee publication.

10. Blackburer(2007*),"**Anew scale for measuring Mania"**,* Karger publishers, Newyork.

11. Bowring (2007), ***"Difficulties in diagnosing Manic disorders among children and adolescents",*** Company St. louis, Philadelphia.

12. Carlson(2007*),**"Manic symptoms in a non-refereed adolescent population"**,* Hall of India Pvt., New Delhi.

13. Fislad (2007*), "**The Mania rating scale, can it be used in children, A preliminary report"**, 5th edition, Mosby publication.

14. Rawlins.w.(2007*), **"Mental health psychiatric Nursing"** A holistic life style Approach, 3rd edition, publication.

15. Sheila (2007), ***"Psychiatric Nursing",*** 3edition, Lippincott publication, Philadelphia.

16. Alligard,MR (2006), ***"Nursing Theorists and their work",*** 5th edition, mosby company, Philadelphia.

17. Denise,F(2006*),"Nursing Research, Principles and Methods",* 6th edition, Lippincott company, Philadelphia.

18. Morreen Frish,(2006*),"Principles and practice of psychiatric Nursing ",* 2nd edition, Delhi publishers, Newyork.

19. RaoS.P.(2006), ***"Introduction to Biostatistics"*** prentice hall of India private limited, New Delhi, India.

20. Mary Ann Boyd, (2005*),"Psychiatric Nursing Contemporary practice",* 3 rd edition, Lippincott publications, Philadelphia.

21. Fortinasm,(2004*), "Psychiatric Mental health Nursing",* 1st edition, Mosby publication,California.

22. Mahajan, B.k.l(2004*),"Methods of Biostatistics"* Jaypee brothers publishers, New Delhi, India.

23. Julia.B(2004), ***"Nursing Theories, the base for professional Nursing practice",*** 3 rd edition, prentice hall private limited., California.

24. Nichal Gelder. E (2002), ***" Oxford Textbook of psychiatry",*** 3rd edition, Oxford university press.

25. Laura A,(2001*),"Principles and practice of Nursing Research*",** Mosby publishers.

26. Mathews AJ (2000*),"Using and understanding Medical Statistics",* Kargee publishers, Newyork.

27. Treece (1999*),"Elements of Research in Nursing",* Mosby company st. lousi, Philadelphia.

JOURNALS

1. Buzell, J (2009), ***"Promotion of mental health",*** American Journal of nursing, PP:15-16.

2. Lu,D (2009), ***"Critical management and caring for holistic nursing"***,Vol-2, PP:32-37.

3. Gurung, S (2008), ***"Coping with mental illness**",* A guide for health care professionals, Vol-12, PP:105-110.

4. Chetwynd. J(2008), ***" Factors contributing to mental illness a survey"***, British Journal on social work, PP:295-304.

5. Heijinders(2008*),"* ***The dynamics of stigma in mental illness*****",** International Journal of Psychiatry, Dec 72 (4), PP: 437-447.

6. Murry, R B, (2007*),* ***"Stigma on mental illness",*** Journal of psychosocial nursing, Aug 30, PP:6-8.

7. Aldwin, C m (2007), ***"The mental health awareness",*** Journal of Behavioral Medicine, Vol-6, PP:99-102.

8. Behere, B (2007*),"***Mental health nursing care at private sector"*****,** Apr 35(2), PP:72.

9. Chareoensuk S (2007**),"***Negative thinking a key factor in Manic symptoms"***,** Journal of issues mental health nursing. Jan 28(1) PP:55-74.

10. Stuart (2007*),"***Psychiatric Epidemiology",*** Volume-3, March 25. PP:498-507.

11. Floyd- Richard (2005) ,***''Stigma reduction through group counseling of persons affected by Mania",*** Mania review, Dec, APR. 20(2).

12. Gulde g (2004),**"*The Nurse and the Manic patients",*** American Journal of nursing, Vol:68.

INTERNET RESOURCES

1. www.Pubmed.com.
2. Www. Yahoo.com.
3. www.google.com.
4. www.blackwellsenergy.com.
5. www.medline.com.

APPENDIX-I

DEMOGRAPHIC VARIABLES

1. Age

1. Below 30 years. ☐
2. 31 – 40 years. ☐
3. 41 – 50 years. ☐
4. Above 51 years. ☐

2. Gender

1. Male. ☐
2. Female. ☐

3. Educational Status

1. Ill literate. ☐
2. Primary school level. ☐
3. Higher secondary level. ☐
4. Graduate. ☐

4. Marital status

1. Unmarried. ☐
2. Married. ☐
3. Widow/Widower. ☐
4. Separated/Divorced. ☐

5. Personal habits

1. Nil. ☐
2. Alcohol. ☐
3. Tobacco chewing. ☐
4. Alcohol and Smoking. ☐
5. Others(specify). ☐

6. Duration of Mental illness

1. < 6 months. ☐
2. 6 months – 1 ½ years. ☐
3. 1 ½ years – 3 years. ☐
4. > 3 years. ☐

7. History of mental illness in the family

1. Yes. ☐
2. No. ☐

8. Availability of supportive system

1. Family members. ☐
2. Friends. ☐
3. Social agency. ☐
4. Others(specify). ☐

APPENDIX - II

YOUNG MANIA RATING SCALE (YMRS)

S.NO	ITEMS	SCORE	PRETEST	POST TEST
1.	**Elevated mood**			
	(a)absent	0		
	(b)mildly or possibly increased on questioning	1		
	(c) optimistic, self-confident; cheerful; appropriate to content	2		
	(d) elevated; inappropriate to content; humorous	3		
	(e) euphoric; inappropriate laughter; singing	4		
2.	**Increased motor activity-energy**			
	(a) absent	0		
	(b) subjectively increased	1		
	(c) animated; gestures increased	2		
	(d) excessive energy; hyperactive at times; restless (can be calmed)	3		
	(e) motor excitement; continuous hyperactivity (cannot be calmed)	4		
3.	**Sexual interest**			
	(a)normal; not increased	0		
	(b) mildly or possibly increased	1		
	(c)definite subjective increase on questioning	2		
	(d) spontaneous sexual content; hypersexual by self-report	3		
	(e)overt sexual acts (toward patients, staff, or interviewer)	4		

4.	**Sleep**			
	(a) reports no decrease in sleep	0		
	(b) sleeping less than normal amount by up to one hour	1		
	(c)sleeping less than normal by more than one hour	2		
	(d) reports decreased need for sleep	3		
	(e) denies need for sleep	4		
5.	**Irritability**			
	(a)absent	0		
	(b)subjectively increased	1		
	(c) irritable at times during interview; recent episodes of anger	2		
	(d) frequently irritable during interview; short, curt throughout	3		
	(e)hostile,uncooperative;interview impossible	4		
6.	**Speech (rate and amount)**			
	(a) no increase	0		
	(b)feels talkative	1		
	(c) increased rate or amount at times, verbose at times	2		
	(d) push; consistently increased rate and amount;	3		
	(e)pressured; uninterruptible, continuous speech	4		

7.	**Language-thought disorder**			
	(a)absent	0		
	(b) circumstantial; mild distractibility; quick thoughts	1		
	(c)distractible, loses goal of thought; changes topics frequently;	2		
	(d) flight of ideas; difficult to follow; rhyming, echolalia	3		
	(e)incoherent; communication impossible	4		
8.	**Content**			
	(a) normal	0		
	(b) questionable plans, new interests	1		
	(c) special project(s); hyper-religious	2		
	(d) grandiose or paranoid ideas; ideas of reference	3		
	(e) delusions; hallucinations	4		
9.	**Disruptive-aggressive behavior**			
	(a) absent, cooperative	0		
	(b) sarcastic; loud at times, guarded	1		
	(c) demanding; threats on ward	2		
	(d)threatens interviewer; shouting; interview difficult	3		
	(e)assaultive; destructive; interview impossible	4		

10.	**Appearance**			
	(a) appropriate dress and grooming `	0		
	(b) minimally unkempt	1		
	(c) poorly groomed; moderately disheveled; overdressed	2		
	(d)disheveled; partly clothed; garish make-up	3		
	(e) completely unkempt; decorated; bizarre garb	4		
11.	**Insight**			
	(a) present; admits illness; agrees with need for treatment	0		
	(b) possibly ill	1		
	(c)admits behavior change, but denies illness	2		
	(d) admits possible change in behavior, but denies illness	3		
	(e) denies any behavior change	4		

Total =

Baseline assessment = Above30

Response after care = Below 30

APPENDIX - III

CHECK LIST FOR NURSING INTERVENTION ASSESSMENT

S.NO	NURSING INTERVERNTION	DAY I	DAY II	DAY III	DAY IV	DAY V	DAY VI	DAY VII
1	Used firm and calm approach							
2	Used short and concise explanations							
3	Reduced environmental stimuli.							
4	Provided solitary activities.							
5	Removed hazardous objects from the area.							
6	Monitored patients behavior periodically							
7	Redirected violent behavior.							
8	Provided physical activities.							
9	Provided adequate nutrition.							
10	Provided adequate rest and sleep.							
11	Demonstrated meditation.							
12	Advice the patient not harms himself or herself or others.							

13 15 16 17								

APPENDIX – IV

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
Subjective data: On assessment patient has inability to concentrate, inability to problem solving. **Objective data:** Delusional thinking, extreme suspiciousness.	Altered thought process related to biological changes as evidenced by hyperactivity and inability to concentrate.	The patient will demonstrate trust in others.	Use firm and calm approach. Use short and concise explanations or statements. Avoid highly competitive activities. Accept acting out behaviour calmly. Avoid physical contacts	Calm approach should implemented to the patients. Implemented short and concise explanations to the patients. Highly competitive activities avoided. Accepted acting out behaviour calmly such as crude jokes, obscene mask. Avoided Laughing, whispering and talking quietly before the patient	Provides structure and control for who is out of control. Increase attention span. It can exacerbate the hostile and aggressive feelings. Acceptance thwarts unconscious attempt to trigger anger. Prevents the patient from feeling threatened.	The patient has demonstrated trust in others.

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
Subjective data: On assessment patient has poor concentration, orientation. **Objective data:** Inappropriate response, rapid mood swings.	Disturbed sensory perception related to biochemical alteration in the brain evidenced by auditory hallucinations.	The patient will have normal sensory perception.	Observe the patient for signs of hallucinations. Avoid touching the patient without warning. Do not reinforce the hallucinations. Help the patient understand the connection between anxiety and hallucinations. Try to distract the patients from the hallucinations.	Observed signs of hallucinations such as laughing or talking to self. Consent was taken before touching the patient. Hallucinating behaviour was not reinforced and patient was oriented to reality. Explained about anxiety and hallucination in simple words. Distracted patient's behaviour from the hallucinations.	It prevents aggressive response. It may perceive or threatening response in a aggressive behaviour. It may accept the perception or unreal before hallucination could eliminated. It can learn to interrupt exalting anxiety hallucinations may prevented. Helps to involvement of interpersonal activities.	The patient has normal sensory perception.

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
Objective data: Increased agitation, lack of control, restlessness.	Risk for injury related to extreme hyperactivity as evidenced by increased agitation and poor impulse control.	The patient exhibits no evidence of physical injury.	Maintain low level of stimuli in patients environment. Provide structured and solitary activities. Provide frequent high calorie fluids. Provide frequent rest periods. Redirect violent behaviour.	Low level of stimuli was maintained such as avoiding b bright light ,noise free. Drawing, painting like simple solitary activities given to patients. Juices and snacks like high calorie fluids given to the patient. Adequate rest given to the patients. Violent behaviour should redirected by running and walking.	It helps decrease exaltation of anxiety. Structure provides security and forces. Prevent serious dehydration. Prevents exhaustion. Physical exercise can decrease tension.	The patient has no evidenced of physical injury.

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
Subjective data: On assessment patient was not interested to talk with others. **Objective data:** Lack of eye contact, loneliness and isolation.	Impaired social interaction related to altered thought processes as evidenced by intrusive and aggressive social behaviour.	The patient will appropriately interact with others.	Create a safe environment with minimal stimuli. Provide free from high risk environment. Stay with the patient who is hyperactive and agitated. Provide physical activities.	Minimal environmental stimuli provided such as quiet soft music, dim lighting. . Hazardous objects removed from the patient bed side such as knife and sharp items. Care taker stayed with the patient. Walking and running simple physical activities provided	Reduction in stimuli lessens distractibility. . Avoid patient may harm self inadvertently. Provide feeling of security. It helps relieve pent up tension	The patient has interacted with others.

Assessment	Nursing Diagnosis	Goal	Planning	Implementation	Rationale	Evaluation
Objective data: Hyperactivity, Agitation and Lack of control.	Risk for violence self directed violence related to manic excitement, delusional thinking, hallucinations.	The patient will not harm self and others.	Maintain low level of stimuli. Monitor patients behaviour periodically. Remove all sharp objects from environment. Redirect violent behaviour with physical outlets. Maintain and convey a calm attitude to client.	Minimised environment stimuli such as loud noises. Observed patients behaviour periodically. Removed all sharp objects from environment such as knife. Violent behaviour redirected with physical outlets like running and walking. Motivated the patients to follow meditation.	It helps to minimise anxiety agitation and suspiciousness. To ensure patients safety. It avoids patient cannot use them to harm self or others. It relieves pent up tension and hostility. Anxiety is contagious and can be transmitted from staff to patient.	The patient has not harmed self or others.

APPENDIX –V

CASE ANALYSIS

SAMPLE:1

The patient was admitted with the complaints of elevated and irritable mood, flight of ideas, increased activity, grandiose delusions, excessive happiness, talk loudly and quickly, disturbed sleep pattern, over active and increased appetite. Based on the complaints assessment was done with the help of Young Mania Rating Scale. According to the assessment nursing was provided to the patient such as improved thought process, prevented injury to self or others, reduced environmental stimuli, improved nutritional status, improved individual and family coping through individual psychotherapy, group therapy, family therapy and cognitive therapy. On the seventh day evaluation was done with the same tool. There was a significant improvement in Mental health status of the patient with Mania.

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SCHOLAR ASSISTING VOCATIONAL TRAINING

SCHOLAR PROVIDING RECREATIONAL ACTIVITY

SCHOLAR HELPING TO COPE EFFECTIVELY WITH HIS ILLNESS

SCHOLAR DEMONSTRATING MEDITATION